CITY OF
BLOOMINGTON
HOUSING AND NEIGHBORHOOD DEVELOPMENT

COVID-19 COMMUNITY DEVELOPMENT BLOCK GRANT
SPECIAL FUNDING APPLICATION

Program Name:	
Organization/Agency:	
Street Address:	
City, State, Zip Code:	
Executive Director:	
Phone No.:	Fax No.:
Contact Name:	Contact Phone No.:
Contact e-mail:	
Federal IRS Tax Exempt #:	**DUNS #:**
Amount Requested:	
Attach current agency registration record from System for Award Management. See https://www.sam.gov	

Which of the following impacts has your organization experienced or anticipates experiencing? (Check all that apply)

☐ Cancellation of programs or events

☐ Disruption of service to clients and communities

☐ Disruption of supplies or services provided by partners and/or vendors

☐ Increased or sustained staff and volunteer absences

☐ Staff layoffs or furloughs or reduced programming

☐ Increased and/or continued demand for services/requests for assistance from clients and communities

☐ Budgetary implications due to the strained economy

☐ Other (please specify)

1. Organizational Questions

    a) What is your organization continuing to do differently in response to COVID-19, including new methods of service delivery over the last year?

    b) How has your changed operations since responding to the coronavirus in 2020?

    c) What provision of new or quantifiable increased public service activity did your organization carry out to prevent, prepare for or respond to the coronavirus? Please provide any information on innovations that have taken place either in your organizational operations or in service delivery for your agency.

2. Organizational/agency history and goals (if required): If new to HAND funding, please describe briefly your organization/agency, its history, primary service delivery functions, and primary clientele. Otherwise please type N/A.
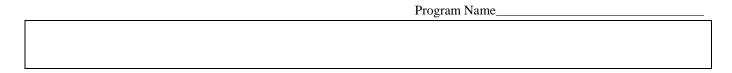
3. Utilization of Funds

Please describe how you will utilize the requested funds. This funding must be used in relation to the coronavirus pandemic; this will be interpreted broadly but the connection must exist, especially now as vaccinations increase and guidelines are changing. Funding priority will be given for those needs identified by the Bloomington coronavirus social service response task force in the areas of food, healthcare, child care, and shelter. Also please explain your organization's capacity to successfully implement this program for approximately one year (note that for any COVID-19 CDBG funded project, 100% of funds must be expended in six years, and 80% must be expended in three years).

4. Evaluation methodology/outcome measurement:

a. What do you hope to accomplish with the funds you requested?

b. Briefly describe how you will measure that you have accomplished your goal and what evaluation tool you will use to measure the goal:

5. Client Data:

Community Development funds can only be used to reimburse for services to city households with income levels at or under 80% Area Median Income (AMI), adjusted for household size. These levels are established by HUD on an annual basis. Should your project target households above this income level, please contact HAND promptly for further discussion.

Proposed Level of Activity
Use the following current (2021) AMI income limit table for the purpose of this section:

	1 Person	2 Person	3 Person	4 Person	5 Person
Extremely Low Income (30% AMI and below)	$16,050	$18,350	$20,650	$22,900	$24,750
Low Income (30 – 50 % AMI)	$26,750	$30,550	$34,350	$38,150	$41,250
Low-Moderate Income (50 – 80% AMI)	$42,750	$48,850	$54,950	$61,050	$65,950

How many *total* clients do you plan to serve with this program?	
a. Of the total clients, what percent will be City residents?	
b. Of the total clients, what percent will be City residents and income eligible?	
c. Of the City clients, what percent will be extremely low income?	
d. Of the City clients, what percent will be low income?	
e. Of the City clients, what percent will be low-moderate income?	

6. Budgetary Information: Please provide the following financial documentation if you are NOT a FY 2021 HAND CDBG Recipient. If a current recipient, type N/A:

a) Attach a copy of your agency's Balance Sheets, Income Statements, and Statement of Cash Flows from the last two years.
b) Provide the end date for your agency's own fiscal year:
c) In the last five years has your agency defaulted on a loan or been in non-compliance of a grant or any type of funding source? If yes, please explain.

7. Program Budget
*Show <u>Program</u> fiscal budget for program funding is being sought for (not entire agency budget).
Note: Your agency **CANNOT** utilize this special funding if other funding is being utilized or is available for identical expenditures.

Budget Program Expenditures	Proposed Budget	Amount of CDBG funds
Salaries		
Employee Benefits/Taxes		
Utilities		
Office supplies		
Postage		
Printing and Publications		
Rent		
Specific Assistance to Individuals		
Other (explain)		
Total Budget Expenditures		

8. Other Funding Sources
List all sources of income to be used to fund this <u>program.</u>

Program Income Source	Proposed Income
CDBG	
United Way	
County	
Fundraising	
Other Federal or State funds	
Other (list below)	
Cash on Hand	
Total Budgeted Income	

9. Staff
List all staff who will work on the <u>program</u>, indicating whether the staff member is full time (FT) or part time (PT).

Position/Title	FT/PT	# of Hours per Week chargeable to this Program	Salary amount chargeable to this program	Portion of salary to be paid by CDBG